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On December 2, 2020, the Centers for Disease Control and Prevention (CDC) released new options for public health authorities to consider for establishing quarantine time frames for contacts of persons with SARS-CoV-2. Click [here](#) to review the full details on these new options.

The CDC currently recommends a quarantine period of 14 days. Further, local public health authorities determine and establish quarantine options for their jurisdictions and may decide to continue using a 14-day period and/or shortened options for certain lower risk close contacts. However, the following options to shorten quarantine are acceptable alternatives:

- Quarantine can end **after** Day 10 without testing and if no symptoms have been reported during any day of the daily monitoring period. With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%.
- Quarantine can end **after** Day 7 if a RT (Reverse Transcriptase)-PCR test is negative and if no symptoms were reported during any day of the daily monitoring period. The earliest a specimen may be collected and tested would be on Day 6 with quarantine being discontinued no earlier than Day 8. With this strategy, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%. This option is not recommended for children in daycares or K-12 schools.

Due to the risk of severe illness and congregate transmission, IDPH recommends the full 14-day quarantine period rather than the shortened options described above in congregate living settings with vulnerable populations, such as skilled care and correctional facilities.

**With both options the following additional criteria through Day 14 must be met:**

- correct and consistent mask use (including within homes),
- social distancing,
- hand hygiene,
- environmental cleaning and disinfection,
- avoiding crowds,
- ensuring adequate indoor ventilation,

- monitoring for symptoms of COVID-19 illness, and
- minimizing contact with persons at increased risk for severe illness, including vulnerable and congregate populations.

Monitoring can be conducted using any method acceptable by the local public health authorities and could include self-monitoring using an approved checklist of signs and symptoms, direct contact daily by the public health department, or automated communications via Salesforce.

For contact tracing purposes, IDPH has modified Salesforce to accommodate these changes. An “early release from quarantine” letter has been added to Salesforce that can be provided at the **discretion of the local health department** with details on when a person can be released based on the date of last exposure. Individuals released from quarantine with a negative lab result are responsible for obtaining the negative RT-PCR result for required documentation.